

Department of Agriculture

Dipåttamenton Agrikottura

163 Dairy Road, Mangilao, Guam 96913

Permit No.



DIVISION OF AQUATIC & WILDLIFE RESOURCES SPECIAL USE PERMIT

1.	Name of Applicant/ Event Coo	ordinator:	
2.	Contact Information		
	a. Address:		
	b. Telephone:		
	c. Email:		
3.	Event Name:		
4.	Exact event Location:		
5.	Event Date:		
6.	Time of Event:	(Begin)	(End)
7.	Set up time:	Clean up time end:	
equip	oment or other apparatus to be usual requirements that may be created	(Include type and nature of any vehicles, ved in connection with the event, and/or any ated by the proposed event.)	
Activities	planned:		
Amount of	f people expected:		
Other info	rmation:		
Describe a	ny environmental impacts:		
	some mitigation efforts to reduce ms and/or the environment at the		

Event Sponsor Information:

Event Sponsor Information.					
Sponsor's Nar	ne:				
Name of Busi	ness/Organization:				
Address:					
Contact Inform	nation Tele	phone:	Email:		
Other responsible individuals available: These individuals must be at the site for the duration of the event, will be the contact people for DAWR officials if necessary.					
Name:		Contac	Contact Number:		
Name:	Contact Number:		t Number:		
	plication must have an a Event Coordinator's Signature:	ttached Site Map sho	owing all the Layout of Activities**		
Signature:		Date:			
Event Spon	sor's Signature:				
Signature:_		Date:			
C		a permit shall be issued. An a	approved. The application needs to be reviewed assessment of the site of the event will be conducted		